

The Joint Committee on Assisted Dying
Meeting to discuss *Healthcare Professionals and Assisted Dying*
Tuesday 23rd January, 2024 – 11am (GMT)

Voluntary Assisted Dying Australia and New Zealand (VADANZ)

Dr Cameron McLaren

Dr Laura Chapman

Dr Peter Allcroft

Opening Statement

Voluntary Assisted Dying Australia and New Zealand is the peak body representing health practitioners involved in the provision of voluntary assisted dying (VAD) in Australia and New Zealand. We represent nearly 150 members involved in the provision of VAD care across all states in Australia, and in New Zealand. Although our members are entitled to advocate for VAD if they choose, the central goal of the organisation is to improve the quality and safety of VAD care provision.

I underwent training in VAD the night before the Victorian Act came into effect. I was not involved in VAD advocacy prior to this date. The reason that I underwent the training was that I had been educated and trained in the paradigm of patient-centred and patient-led care. Involvement in VAD to me, was a natural extension of that. I did not want to look after a patient for months or years through their battle with cancer, only to refer them on to another provider if they chose to opt for an assisted death. Since beginning my work in this field, the main learning point that it has provided me is that patient-centred care is easy when the patient wants what you want. But it is no less important when they choose a different path.

Overall, the experience of our providers has been that involvement in VAD is fulfilling and rewarding for them, and empowering and comforting for the patients who elect to avail themselves of this option. VAD is not seen, and nor should it be seen, as an alternative to palliative care – it is seen, and discussed, as an option at the end of a palliative care journey. VAD has overall been a positive change in the Australian and New Zealand health landscapes, not without its challenges, and if introduced in Ireland, I encourage you to anticipate the need for evolution. This may be interpreted as some as advocating for a ‘slippery slope’, but I firmly believe that the slope does not need to be slippery – simply patient centred and allowed to evolve as all patient care does over time.

There have been unintended issues with access to VAD for the very people for whom our legislation was intended. Otherwise-eligible people have been excluded from eligibility on mere formalities due to the overbearing nature of some of our states’ legislation, and the reluctance to leave many processes to the level of regulations. This has led to issues with access that cannot be resolved without legislative reform. I encourage any jurisdiction considering Assisted Dying legislation to be clear on eligibility criteria and overall process, but to establish and enable avenues of appeal or discretion.

I will now hand over to Laura and Peter:

Dr Chapman:

Kia ora. I am Laura Chapman, I have been a doctor for 25 years, and an assisted dying provider for 2 years. I will start with words from a family I helped: 'Dad was able to breathe a huge sigh of relief, and enjoy life as much as he could, looking forward to the day of his passing.... we went through some harrowing experiences with Dad's attempts to take his own life, and pleading for one of us to suffocate him. He desperately wanted to end his suffering. This was the best thing for Dad and our family'.

I did not plan to be an AD provider, and was deeply concerned that I would feel like a bad doctor after the first patient I helped to die. To my surprise: I felt like a good doctor, as I had worked with my patient to achieve the death he desired, peaceful and at home, surrounded by his family. I know I have helped some people avoid deaths no doctor would want for anyone and that even great palliative care has limited ability to help, such as choking to death on a tumour growing daily in their mouth, or suddenly bleeding to death from a cancer eroding into a major blood vessel. In NZ, the option of assisted dying gives patients great comfort, and provides people who choose assisted dying with a good death. There are areas of the legislation which need revision but overall, NZ has made a safe and patient-focused start to the provision of assisted dying with strong provisions for conscientious objection – and the right to not be involved – for all clinical staff.

Dr Allcroft:

I have been involved in caring for patients with palliative care needs for over 20 years. I co-founded the South Australian MND Clinic in 2002 and have been involved with VADANZ as a member of the inaugural steering committee.

I have always advocated for person-centred care and was involved in the planning and implementation of VAD in South Australia to ensure that the Voluntary Assisted Dying (VAD) legislation that was passed in June 2021 was implemented safely for patients, and all Health Care Professionals.

I have been involved with coordinating and consulting for patients requesting access to VAD since the commencement of VAD in January 2023 in South Australia. In the first 12 months of VAD being operational I have had personal involvement with 36 patients who have requested VAD. These patients have been in the community in their own homes, in the acute care hospital setting, our local hospice and patients residing in our rural and regional towns.

I have always endeavoured to provide a holistic approach to care with a dual focus on their palliative care needs and the request for consideration of VAD. Just this week, a patient I saw for a VAD assessment experienced the best night's sleep for the last several months, secure in the knowledge that there were options available for him if it all became too overwhelming. I see VAD as a continuum of care, with the VAD process encompassing a small but important aspect of a patient's end-of-life journey. Most of these patients have an underlying malignancy, several have had MND, and a number advanced lung disease: COPD or Pulmonary Fibrosis.